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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Haiti

Proposed UNFPA assistance:	$25.7 million, $6 million from regular resources and $19.7 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2002-2006)
Cycle of assistance:	Third
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.6	10.0	13.6
Population and development strategies	1.2	8.0	9.2
Advocacy	0.7	1.7	2.4
Programme coordination and assistance	0.5	-	0.5
Total	6.0	19.7	25.7

HAITI

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	20	≥60
Contraceptive prevalence rate (%)[2/]	18	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	3.89	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	70.0	≤65
Infant mortality rate (per 1,000 live births)[5/]	68	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	41	≥50
Secondary net enrolment ratio (%)[8/]	95	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	8,270	Annual population growth rate (%)	1.55
Population in year 2015 (000)	10,215	Total fertility rate (/woman)	3.98
Sex ratio (/100 females)	96	Life expectancy at birth (years)	
Age distribution (%)		Males	50.2
Ages 0-14	40.6	Females	56.5
Youth (15-24)	21.7	Both sexes	53.3
Ages 60+	5.6	GNP per capita (U.S. dollars, 1998)	410

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of Haiti in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $25.7 million, of which $6 million would be programmed from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $19.7 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to the country. Haiti is a "Category A" country under the UNFPA resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations. It builds on lessons learned in the previous programme and reflects national policies and priorities. It is based on the findings of the Common Country Assessment (CCA) completed in October 2000, which was conducted by United Nations agencies and donor agencies with the active participation of the Government and representatives of civil society, including the private sector. The proposed programme is closely aligned with the United Nations Development Assistance Framework (UNDAF), which was based on the CCA and completed in April 2001. The UNFPA programme would be harmonized with the programme cycles of the other United Nations Development Group partners.

3. The UNFPA programme takes into account the Haitian Government's population and sustainable development priorities, which include the promotion of reproductive rights and reproductive health. The overall goal of the proposed programme is to achieve sustainable development and poverty alleviation through the improvement of reproductive health, the promotion of gender equity and the prevention of gender-based violence. UNFPA support would be channelled through three subprogrammes. One subprogramme would focus on reproductive health, with particular attention being given to maternal mortality, HIV/AIDS and the needs of adolescents. Another subprogramme would focus on population and development strategies, including assistance for undertaking the population census and the operationalization of the national population policy. The third subprogramme would support advocacy efforts in both reproductive health and population and development, including the prevention of gender-based violence.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Haiti is one of two "Category A" countries in the Latin American and Caribbean region under the UNFPA resource allocation criteria, and the only least developed country (LDC). With a gross national product (GNP) of $460 (1999), Haiti remains the poorest country in the Western Hemisphere. Its economic and social indicators are far lower than the average for Latin America and the Caribbean. Income distribution is highly skewed – 4 per cent of the population controls 66 per cent of the nation's resources. Poverty is widespread: 70 per cent of the population lives below the poverty line, with the highest poverty levels occurring in the North. Unemployment and underemployment rates are high, estimated respectively at 50 per cent and 70 per cent of the labour force. Moreover, with 265 inhabitants per square kilometre, Haiti has one of the region's highest population densities.

6. The last population census in Haiti was conducted in 1982. According to projections, the estimated population for the year 2000 was 8.1 million, and the population was growing at an estimated annual rate of 2.08 per cent. Haiti's population is predominantly rural (64 per cent) and is characterized by a very young age structure. Fifty per cent of the population is under the age of 20 years, and 40 per cent of the population is under age 15. Women of reproductive age constitute about 25 per cent of the population. There is therefore considerable built-in momentum for future population growth. Haiti's life expectancy is currently 53.8 years, compared to a regional average of 70. Migration, both internal and external, is an important factor in Haiti's population dynamics. Rural-to-urban migration is very high: according to an International Organization on Migration survey, an estimated 70 per cent of residents in Port-au-Prince are recent migrants from rural areas. Moreover, migration figures reported in the CCA indicate that more than 1.5 million Haitians are living abroad.

7. In spite of a recent decline in fertility, the total fertility rate remains relatively high at 4.7 children per woman, compared with a regional average of 2.8. The country also faces large urban/rural differentials: fertility rates in rural areas (6.4 children per woman) are twice as high as in urban areas (3.2 children per woman). Infant mortality is more than twice the regional average. Although there is widespread knowledge of modern contraceptive techniques (98 per cent), use of contraception is low. According to the 2000 demographic and health survey (DHS), only 22.3 per cent of women in union use modern methods of contraception while 5.8 per cent use traditional methods. The DHS also indicated considerable demand for family planning (50 per cent), suggesting that a favourable climate exists for measures aimed at encouraging the use of modern, efficient methods of contraception. It is estimated that roughly half of the population has access to health services. Coverage rates for various services, including reproductive health services, are therefore relatively low. Haiti's maternal mortality rate – 534 per 100,000 live births – remains the highest in the region. The major causes of maternal deaths are high fertility rates in conjunction with inadequate management of the complications of pregnancy, limited availability of basic and emergency obstetric care, and unsafe abortion.

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8. HIV/AIDS is a critical public health problem requiring a national strategy and attention at the highest level. Haiti has the highest HIV prevalence in the Latin America and Caribbean region. As of 1996, the percentage of the sexually active population that was infected with HIV was estimated at 3 to 5 per cent in rural areas and 7 to 10 per cent in urban areas. Preliminary projections show the number of HIV-positive individuals surpassing 380,760 by the end of 2001, with the annual number of deaths climbing as high as 38,000. Six thousand of those dying will be children. HIV transmission is predominantly heterosexual in Haiti, and approximately equal numbers of males and females are infected.

9. Women head 40 per cent of households in Haiti. Although they play an essential role in the economy, most social indicators show women at a disadvantage compared to men. In the final year of secondary school, for example, 67 per cent of boys are attending school compared to only 33 per cent of girls. The female literacy rate is 46.1 per cent. Women also enter the job market at an earlier age, and roughly 10 per cent of young girls aged 5-9 and 33 per cent of girls 10-14 are considered economically active. Women account for 70 per cent of the workforce in the country's assembly plants. Gender-based violence is a serious concern. However, there are very few violence prevention and treatment programmes targeted specifically towards women.

10. Environmental degradation represents a considerable challenge for sustainable development in Haiti. It is estimated that Haiti has lost 98 per cent of its original forest cover and that 16 per cent is completely eroded. In urban areas, the combined effects of extremely high population density (estimated at 40,000 per square kilometre in some parts of Port-au-Prince), steady rural-urban migration, and very weak environmental legislation result in tremendous pressures on social infrastructure, transportation systems and personal security. The environmental action plan submitted by the Government in 1998, which reflected commitments made by Haiti at the 1992 United Nations Conference on Environment and Development, is expected to serve as a framework for coordinating environmental protection, but the Government has yet to mobilize the necessary resources to render it operational. The recent population policy developed by the Government of Haiti through its Population Secretariat, with UNFPA support, includes plans to address population and environment issues.

Previous UNFPA assistance

11. In the past programme cycle, UNFPA was instrumental in supporting governmental efforts to collect and analyse population data through national capacity building, the mobilization of resources and the provision of technical assistance for the next national population census. Resources in the amount of $8 million were mobilized for the census, including $1.5 million from the Haitian Government, and UNFPA was designated by the Government to be the executing agency for the census. These activities have provided the Government with standardized socio-demographic indicators and qualified human resources that will provide the basis for new population and development policies. Furthermore, UNFPA's fruitful

collaborations with the public sector in the initiation of preparatory activities for the census, coupled with advocacy efforts, have generated positive responses and financial commitments from Haitian authorities and international partners. This strategy will be maintained during the next programme cycle.

12. The reinstatement of the Population Secretariat in 1997 signaled an important recognition of the challenges that the rapid population growth rate and very young age structure pose for the country's development. This awareness is reflected in statements by national leaders and in various actions and documents of the Government, including the national population policy of 2000.

13. The reproductive health subprogramme of the past cycle has contributed to the development of innovative service models for youth and specialized centres for the detection and treatment of sexually transmitted infections (STIs), including HIV/AIDS, in Port-au-Prince. In addition, the subprogramme has helped strengthen and expand reproductive health service delivery points through the provision of training and technical assistance to a network of non-governmental organizations (NGOs) and government institutions. UNFPA support has also helped strengthen the contraceptive logistics management system of the Ministry of Public Health and Population and has increased contraceptive availability. Furthermore, UNFPA has supported efforts by the Ministry of Education to incorporate sexual and reproductive health education into the curricula of primary and secondary schools. By reaching public school students, the new programme will build on these positive results. Moreover, Haiti was selected by the inter-agency task force on maternal mortality reduction – a group that includes UNFPA, UNICEF, the Pan American Health Organization, the World Bank, the Inter-American Development Bank (IDB) and Family Care International – as one of the region's three priority countries. In addition, UNFPA initiated activities in cooperation with the Ministry of Health and with technical expertise from the Johns Hopkins Program for International Education in Reproductive Health to upgrade emergency obstetric care. The upgrading will be accomplished though the provision of training and equipment in eight departments, with financial assistance provided by the Human Security Fund.

14. UNFPA-funded advocacy actions have helped strengthen the national capacity for understanding and applying population concepts. This has been mainly accomplished by training a network of media communicators for population-related awareness creation activities. Furthermore, UNFPA has been involved in sensitizing community leaders to reproductive health issues, supporting women's organizations and the Ministry of Women's Affairs in their efforts to amend current legal statutes that are discriminatory to women, and mobilizing youth and adolescents around reproductive health and development issues.

15. One of the most important lessons learned from the previous cycle is that there is a real need to consolidate, under the Government's leadership, partnerships between the public and

private sectors. This consolidation is necessary to address low utilization rates of contraception and the limited and inequitable access to health services. The bulk of the project funds allocated to reproductive health during the last cycle was executed by international NGOs complemented by United Nations agencies and by national NGOs based in Port-au-Prince. Most interventions were limited to the metropolitan area. The decision (prompted by the nation's prolonged political crisis and weak institutional capacity) to implement the country programme mainly through international NGOs has produced mixed results. Despite advantages linked to flexibility and agility, international NGOs rarely had the coverage and the political clout to address national problems on their own and to ensure the sustainability of their interventions. In addition, the cost of technical assistance provided by these NGOs was particularly high. The recommendation at the 1999 midterm review to gradually increase reliance on national capacities has accordingly been implemented in the last two years of the programme cycle.

Other external assistance

16. Recurrent political instability and the absence of fully constituted branches of Government (legislature, executive and judiciary) has hampered the implementation of the country's internationally funded development programme and has deprived the country of additional external aid resources. Funds that were to be allocated through the IDB and the World Bank have been withheld, and most of the assistance for health and education activities has been disbursed through NGOs. Still, in recent months, the European Union, the Government of Belgium, UNDP, UNFPA and the IDB have been involved in the financing of the initial stages of population census activities.

17. The United States Agency for International Development (USAID) continues to be the major player in the financing and implementation of reproductive health projects and data collection. The European Union and the French Government are also actively involved in health sector reform and in efforts to reinforce national capacity to implement quality reproductive health services. UNFPA has been at the forefront of adolescent reproductive health, with substantial support from the Government of the Netherlands and the United Nations Foundation. Furthermore, the Japanese Government has agreed to play an active role in supporting UNFPA efforts in reducing maternal mortality and has approved financial support through the Human Security Fund.

Proposed programme

18. The overall goal of the proposed programme is stated in paragraph 3 above. The proposed programme will include three subprogrammes in the areas of sexual and reproductive health, population and development strategies, and advocacy. Special emphasis will be placed on reinforcing the national capacity to plan, implement and evaluate data-based population programmes aimed at reducing maternal mortality and addressing HIV/AIDS and adolescent

reproductive health concerns. This will be done through national capacity building at the central level and direct implementation of reproductive health interventions in two priority regions, the North-East and North-West departments. These departments will be the focal points for a multisectoral effort in poverty reduction carried out by the United Nations country team.

19. Reproductive health. The reproductive health subprogramme would aim to increase knowledge of reproductive health and rights and to increase the utilization of services, with particular attention being paid to the prevention of maternal mortality and the specific reproductive health needs of adolescents and youth. Implementation of the reproductive health subprogramme would require about $13.6 million, with $3.6 million coming from regular resources. On the basis of extensive consultations with donors, multi-bilateral resources committed for the reproductive health subprogramme would include approximately $4 million for maternal mortality reduction, $1.3 million for HIV/AIDS prevention activities, $4 million for adolescent reproductive health activities, and $1.2 million for contraceptive procurement.

20. The first output of the subprogramme would be increased knowledge of reproductive rights and increased demand for reproductive health services, including those related to HIV/AIDS, among adults and adolescents in Port-au-Prince and in the North-East and North-West departments. To this end, UNFPA will adopt a behaviour change communication strategy that will consist of: (a) reinforcing population and reproductive health education in formal education and literacy programmes; (b) implementing programmes using non-formal education and social communication channels to educate adults and adolescents in targeted areas about reproductive health matters and such issues as gender equity, violence prevention and male involvement; and (c) reinforcing the capacity of women's groups and organizations to promote reproductive health and rights.

21. The second output would be strengthened national government capacity to develop, manage and coordinate reproductive health programmes, in collaboration with civil society. To this end, efforts will be directed at providing technical assistance for: (a) data collection and analysis disaggregated by sex, including data pertaining to reproductive health service utilization and to the knowledge, attitudes, behaviour and satisfaction of service users; (b) the development of a comprehensive national sexual and reproductive health plan and the incorporation of an integrated reproductive health perspective into health sector reform; (c) the review, updating and launching of the national plan for maternal mortality reduction; (d) the consolidation and implementation of reproductive health norms and the definition of an essential package of reproductive health services to be included as part of the minimum package of health services; (e) the establishment of cost-recovery mechanisms; and (f) the reduction of cost barriers to service utilization by women through community-based initiatives such as health funds, micro-credit or revolving funds, and employment or small business programmes.

22. The third ouput would be improved government and national NGO capacity to deliver improved quality, cost-efficient, gender-sensitive and youth-friendly services for adults and adolescents in Port-au-Prince as well as in the North-East and North-West departments. Assistance would be provided for: (a) the development of a management and training plan for health-care providers in reproductive and sexual health based on a training needs assessment; (b) the expansion of successful models of youth-friendly and gender-sensitive service delivery centres in targeted areas; (c) the integration of reproductive health components in the minimum package of services at all three levels of the health pyramid, including essential obstetric care services; and (d) the procurement and distribution of contraceptive commodities.

23. The fourth output would be coordinated government and civil society implementation of effective HIV/AIDS interventions. This approach would involve: (a) the promotion of partnerships in the design, implementation and evaluation of HIV/AIDS-related policies and programmes among government agencies, NGOs, the private sector and grass-roots organizations in coordination with UNAIDS theme groups; (b) the training of reproductive health service providers, community health workers and peer educators in HIV/AIDS prevention; (c) support to NGOs specializing in HIV/AIDS prevention and treatment in the establishment of a crisis centre for victims of sexual violence; (d) the integration of screening and treatment, HIV counselling and the assessment and treatment of sexual violence into the primary health network; and (e) expanding coverage of prevention activities to selected vulnerable groups such as school dropouts and commercial sex workers.

24. Population and development strategies. The purpose of the population and development subprogramme would be to contribute to the integration of population factors into development strategies. Required support for the population and development subprogramme is estimated at $9.2 million. Of this amount, $1.2 million would come from regular resources, and $8 million would be sought from multilateral and bilateral sources for the implementation of the national population census.

25. The first output would be an improved and expanded database on population structure and dynamics and on the interrelationships between population, the environment, and economic and social development. The National Statistical Institute would manage the database. To achieve this output, the country programme would continue to improve the existing population and development database and strengthen the capacity of the National Statistical Institute to produce and disseminate socio-demographic data adapted to different planning levels, with an emphasis on census data. This will involve: (a) sustaining and improving upon existing mechanisms for disseminating research findings to special targeted groups; and (b) working to increase awareness, knowledge, understanding and acceptance by all stakeholders in the planning, implementation, monitoring and evaluation of development programmes.

26. The second output would be a sustainable group of highly trained population and development experts capable of promoting the utilization of population tools and perspectives. To this end, the programme will continue to build on the achievements of the postgraduate programme in population and development. The programme will help the University of Haiti to develop a long-term plan for building institutional capacity to support population-related functions including training, modest but well-targeted research, problem-solving, and advocacy for the specific aspects of the population agenda. UNFPA will promote and support the participation of the private sector in population data analysis, with a view towards increasing the nation's self-reliance in this area. Furthermore, the United Nations country team and the Government will rely on UNFPA to support the National Statistical Institute in the production and analysis of the data necessary for objective decision-making regarding population and development strategies.

27. The third output would be increased utilization, by relevant institutions of the Government and civil society, of knowledge and experience related to population and development in order to reinforce good governance and the rule of law. UNFPA supported the Population Secretariat during the year 2001 in the formulation of the national priority programme for population and development. The Fund will continue to provide support for the operationalization, implementation and monitoring of the programme.

28. Advocacy. The purpose of the advocacy subprogramme would be to contribute to the reinforcement of political and social support to implement, monitor and promote population and development and sexual and reproductive health policies. Resources needed for the implementation of the advocacy subprogramme are estimated at $2.4 million, $700,000 of which would come from regular resources.

29. The first output would be increased political support for central- and local-level decision makers (i.e., from the Ministry of Health, Ministry of Education, Population Secretariat and Ministry of Women's Affairs) to formulate and implement articulated national policies, programmes and regulations related to sexual and reproductive health with a gender equity approach. This will be achieved by: (a) strengthening the capabilities and qualifications of sectoral institutions to formulate and execute advocacy strategies designed to enlist support for reproductive health policies in a coordinated manner, particularly in the North-East and North-West departments; (b) supporting the distribution of adopted reproductive health norms and regulations among ministerial staff and service providers, particularly in targeted areas; and (c) assisting civil society and the mass media in the promotion of discussions, analyses and studies aimed at supporting the Government's involvement in population policies and regulations.

30. The second output would be an inter-ministerial mechanism of coordination integrating the efforts of the Ministry of Health, the Ministry of Education and the Ministry of Women's

Affairs, as well as representatives of civil society, to ensure adequate implementation and sustainability of national reproductive health policies and regulations in targeted areas.

31. The third output would be broad governmental support for the prevention and treatment of sexual violence. This would be achieved through: (a) technical assistance to the Ministry of Women's Affairs in the promotion of sexual and reproductive rights; (b) the training of judges and legal administrators in the areas of reproductive rights and violence prevention and treatment; (c) the revision of laws concerned with reproductive rights and sexual violence issues; and (d) support for human rights institutions and others in the implementation of community-based crisis centres that offer legal and psychosocial counselling and safe haven to victims of sexual violence in targeted areas.

Programme implementation, coordination, monitoring and evaluation

32. The proposed UNFPA programme would promote sector-wide approaches, supporting the Government in its leadership role and relying on strong public-private partnerships. UNFPA will continue to build on its successful collaborations with the not-for-profit sector, while encouraging the involvement of the for-profit sector and other parts of civil society. For example, UNFPA will promote the involvement of private corporations and professional associations, which traditionally have not played important roles in the population context. UNFPA will also continue to work through the regional and local inter-agency task forces on maternal mortality reduction. Efforts will be made to intensify coordinated activities and to mobilize additional resources for this high-priority area.

33. The country programme will be implemented through relevant government agencies and national NGOs. Implementation will require the expertise of specialized NGOs for technical assistance and studies. National experts will be an essential source of technical assistance for the proposed programme. Technical assistance will also be sought from the UNFPA Country Technical Services Team (CST) based in Mexico City.

34. A steering committee chaired by the Ministry of Planning and External Cooperation and comprised of decision-level representatives of the Ministries of Health and Education, major donor countries, civil society and UNFPA will monitor and evaluate the programme. This committee will oversee programme implementation, provide strategic direction and ensure a cohesive approach to the achievement of programme goals. Three coordinating committees, one for each subprogramme, composed of stakeholders and implementers, will assist UNFPA in monitoring subprogramme progress and ensuring a programmatic approach to population issues. With national counterparts, UNFPA will undertake joint supervisory visits to the projects at least once a year. The country office plans to utilize a results-based approach to management and monitoring of the programme.

35. Annual project reports and subprogramme reviews will assess the extent to which the subprogrammes and component projects are contributing to the attainment of the country programme outputs. A midterm review of the programme would be conducted during the first quarter of 2004, and an end-of-programme evaluation will be carried out in 2006. The population census and the 2000 DHS would serve as the main sources of baseline information and data for the proposed programme.

36. The UNFPA country office is composed of a Representative, two National Programme Officers and support staff. One Junior Professional Officer and five national professional project personnel (focusing on information, education and communication; population and development; reproductive health, including maternal mortality reduction and health reform; HIV/AIDS; and advocacy) would support the substantive aspects and management of the programme. An important position, that of management information systems (MIS) officer, should be considered. Under the proposed programme, the amount of $500,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Haiti as presented above in the amount of $25.7 million for the period 2002-2006, $6 million of which would be programmed from UNFPA regular resources to the extent that such resources are available, and the balance of $19.7 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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